

California State Journal of Medicine

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Contributors, subscribers and readers will find important information on the sixteenth advertising page following the reading matter.

VOL. XIX

MARCH, 1921

No. 3

WHAT DO YOU GET OUT OF THE STATE MEDICAL SOCIETY?

This is directed straight at YOU, you who are a member of your county society, you who are practicing medicine as a means of making a livelihood, you who are interested in the ideal of medical service, you who have a family to support and a citizen's duty to fulfill. You pay your annual dues and you doubtless wonder what it goes for and what, after all, the county and state medical societies do to justify their existence. Many say they do nothing to justify their existence. For a moment, will you please take exact stock of whether the state society is really worth your dues and what you expect to gain by membership.

The question at the head of this column can be answered thus: You get out of the State Medical Society exactly what and in proportion to what you put into it. It affords you legal protection. It gives you an opportunity for contact with the best of your profession in this and all states. It preserves the standards of your professional practice. It is your agent in the dissemination of health propaganda and preventive medicine. Beyond these things, will you be very candid, and state exactly what else your county and state societies do for you? Will you *then* analyze your answer in the light of what you yourself have done for your county and state societies. You will find that they inevitably strike a balance. If your county society is not alive and worth while to every member, if the state society does not promote the activities you think it ought to promote, if either of them fall short of what you think they should do and be, consider well your own part in them and mend your ways. The fault lies exactly with you. The state society is a democratic institution and is governed solely by the votes of the majority.

You cannot expect satisfactory results if in the first place you never go to county or state meetings. If you do attend with fair regularity, you

cannot further expect your elected officers to prosecute their duties with vigor and efficiency if you never give them a thought from one annual meeting to the next. Keep them posted on what you believe and want. If they do not carry out your wishes, do not re-elect them.

Did you ever stop to consider what would happen to YOU, to your means of livelihood, to your ability to care for your domestic obligations and civic duties, to your ability to keep posted in your profession, if the county and state societies did not exist? If they have a function of value to you and you are not getting that value from them, you can rest assured that the fault is your own. With the approach of the annual meeting at San Diego on May 10, 11 and 12, you should be very much awake to the responsibility of your own delegates to you. You should see that they are informed and instructed as to your wishes. You should keep close tab on what they do. Watch the other officers. You have elected them. See that they justify their existence and bring forth meat worthy of re-election.

We do not want enconiums. We want progress. We do not want platitudes. We want a moving program. We do not want to duplicate last year's program. We want a goal years in the future.

Perhaps nothing will develop the organization we need so quickly and fruitfully as more personal contact and acquaintance with the state society officers. The councilors and presidents can render you invaluable service. Why not see that they visit you, in every component society, several times yearly? Editorials, and letters, and bulletins will not accomplish in years what direct personal contact will do at once. We have the quality and quantity in our membership. The chief fault shown by YOU, the individual member, is a more or less complete forgetfulness that *you are the society*. You will get back from the society what you give to it. Make it your servant as it seeks to be, in very fact. Watch it. Instruct it. Know that it is yours.

extremities and a slight constipation. The blood pressure was 235-110. The urine was negative. At this time the patient was placed on a low proteid diet, given a saline and 30 grains of sodium bromide daily. In a month the blood pressure had fallen to 160-90 with a complete relief of symptoms. In this case the bromides apparently were the principal cause in the reduction of pressure during the last treatment and hence it is suggestive that they and not the thyroid gave the benefit in the former. This case seemed typical of hypertension during the climacteric but was controlled without gland extracts.

In reviewing the whole amount of data it would seem very plausible theoretically that hypertension could be produced by a disturbance of ovarian secretion, but from a practical standpoint one is forced to be much less positive.

The great frequency of the onset of hypertension during the climacteric age (40-50 years), the absence of Nephritis in these patients, combined with the apparent benefit in many by the exhibition of thyroid and Corpus Luteum extracts certainly tend strongly to confirm the theory.

However the fact that many women have hot flushes, irregular menses, with the marked general nervousness and vasomotor disturbances yet have a normal pressure, the fact that but a little over one out of four of all women in our series who were in the menopause period had a blood pressure over 160, and the fact that in some at least pressures were more readily reduced by an anti-spasmodic as bromides than by Corpus Luteum and thyroid would tend to make one very careful in drawing conclusions.

My ultimate conclusions would be that there are a few cases in which an endocrine disturbance is the great and possibly the entire cause of hypertension in women but by no means the number one would be led to believe from the series reported by Culbertson. There are a very large number, however, in which this disturbance while a factor is only a minor factor; other things as foci of infection, chronic constipation, fatigue states, hyperthyroidism, nephritis, etc., being the great factors in the etiology.

In the first group thyroid and Corpus Luteum would give the desired results while in the second group they alone would do little. If we think because a patient has a hypertension during the climacteric all we need do is to give them Corpus Luteum, we will be sadly disappointed for only by the most minute investigation of all the etiologic factors can one arrive at the proper treatment the patient so justly deserves.

References.

1. Culbertson, Surgery, Gynecology and Obstetrics, Dec., 1916.
2. Gonalons, Surgery, Gynecology and Obstetrics, Feb., 1918.
3. Dannreuther, New York Medical Journal, Oct. 20, 1917.
4. Osborne, New York Medical Journal, Sept. 14, 1918.

NOTICE

STATE MEETING

Make your reservations at once direct with Hotel Coronado for meeting of State Medical Society, May 10, 11, 12.

PROVISIONAL PROGRAM

of the
50th Annual Session
of the
Medical Society
State of California
Coronado
May 10, 11, 12, 1921

COMMITTEE ON SCIENTIFIC PROGRAM

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WALTER V. BREM, Los Angeles, Secretary, 1921
LEMUEL P. ADAMS, Oakland, Secretary, 1922
FRANCIS M. POTTENGER, Monrovia, Secretary, 1923
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State Medical Society

RULES GOVERNING READING OF PAPERS AND DISCUSSIONS AT STATE SOCIETY MEETING

The following rules, which have been adopted from time to time by the Committee on Scientific Program and which apply to the coming meeting of the State Society, are here reprinted for the benefit of those who will read papers and those participating in the discussions.

Rules for Authors

1. Time allotted for each paper is fifteen minutes. The only exception to this rule will be the latitude allowed visitors from other states who come as guests of the Society.
2. No motion from the floor to extend the time of the author will be considered by the chairman of any section.
3. Each author will be allowed five minutes for closing the discussion of his paper.
4. Each author must prepare an extra copy of his paper and present the same to the officer presiding over his section before he will be eligible to read his paper.
5. Absolutely no paper may be "read by title." By consulting the program appearing in this and in the May issue, as well as the special program issued at the state meeting, each author can learn definitely when his paper is due to be read.
6. Failure on the part of an author to appear and read his paper automatically precludes the acceptance of future papers by such author for a period of two years.

Rules for Those Taking Part in Discussions

1. Openers are limited to five minutes.
2. Subsequent speakers are limited to three minutes.
3. The privilege of a second three minutes will not be granted to any one.
4. Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

* Note—It will be noted that two new sections have been created by the council:

General Section

This section will be a meeting where topics of interest to the profession at large can be discussed. This part of the program will be held at a time when the various sections are not convened, so that every one may be given an opportunity to be present. There will be two sessions, and they will be held on the first day of the meeting. The morning session will commence at 9 o'clock and continue at 11 o'clock, when the President's address, which has always been a part of the Tuesday morning's program, will be given. Everything else heretofore appearing on the program of the first morning will be dispensed with.

The second session will be held in the afternoon from 2 to 5 o'clock.

Pediatric Section

Tuesday Morning

9 o'clock

GENERAL SECTION

1. CONDITIONS OF INDUSTRIAL ACCIDENT PRACTICE IN THE STATE OF CALIFORNIA.

THOMAS CHALMERS MYERS,
Los Angeles.

California law used as a model for other states. Frequently misrepresented as being satisfactory to the medical profession. Law misinterpreted and misconstrued. Initiatory agreement between the insurance companies

and State Medical Society. Failure to safeguard rights of patients and doctors resulting in dissatisfaction. Methods of underwriters in selecting hospitals and surgeons. Industrial accident practice as a specialty. Propriety of insurance doctors holding executive offices in the state and county societies. Employment of non-members. Tendency to depreciate common courtesy and medical ethics. Necessity of measures to protect the rights of the medical profession in the State of California.

3. APPLICATION OF THE PROTECTED QUARANTINE PACK IN ABDOMINAL SURGERY.

ROBERT C. COFFEY,
Portland, Ore.

1. By "protected quarantine pack" we mean the placing of a number of properly constructed wicks of gauze around an area which is to be quarantined from contact with other abdominal organs. The gauze wicks are protected from contact with the organs by sheets of rubber tissue.
2. The "protected quarantine pack" is used for the combined purpose of drainage and the separation of non-infected organs from an area of continuing sepsis.
3. The "protected quarantine pack" is used to prevent intestines from adhering or readhering to raw or infected surfaces.

4. ORGANIZED MEDICINE FOR THE MASSES, A FEATURE OF PRESENT DAY MEDICAL PRACTICE.

E. W. CLEARY,
San Francisco.

1. Medical practice is undergoing significant changes.
2. There is a tendency for the group to replace the individual doctor.
3. Group organization offers advantages to medical men.
4. Organized medicine offers better service to the layman.
5. The large employer finds advantages in medical organization.
6. Organization leads to a closer bond between research and practice, and broader teaching facilities.
7. Disadvantages in organization lie in disturbance of the established order, relative subordination of the individual and the raising of certain financial and ethical issues.
8. Specific instances of organization now operating show particular advantages, limitations and peculiar features.
9. An analysis of the ideal organization plan demonstrates the magnitude of its scope and contacts.
10. The problem of organization is the great present opportunity and responsibility of the medical profession.

5. PRESIDENT'S ADDRESS—11 o'clock A. M.

Tuesday Afternoon

2 to 5 P. M.

GENERAL SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. DIAGNOSTIC SIGNS OF DUCTLESS GLAND DISORDERS.

DR. TIERNEY,
St. Louis.

Discussion opened by

2. SURGICAL RESULTS FROM THE ECONOMIC STANDPOINT.

GAYLE G. MOSELEY,
San Francisco.

Discussion opened by

Dealing with surgical results from the standpoint of time lost, and the importance of securing as good a functional result as possible with reference to the particular kind of work that the patient is supposed to do.

The importance of returning an injured man to industry at the earliest possible moment has not been sufficiently emphasized and that the early return of the injured person to industry is just as important in those cases seen in every day practice, as in the cases that are industrial. There is a great variation in the length of time required by different surgeons to get a result in injuries of approximately the same kind and severity.

3. RELATION OF MEDICINE TO PUBLIC HEALTH AND PUBLIC MEDICINE.

PHILIP KING BROWN,
San Francisco.

Discussion opened by

"The health and physique of the people is the principal asset of the nation."—(Newman, chief medical officer of the British Ministry of Health, 1919.)

Preventive medicine is the basis of public health and public welfare and can only be developed by improving constantly the standard of medical practice.

Is the public better served by an extension of social medicine along the lines of health insurance or by state and municipal support of health centers where community group study of cases and all accessory means of examination may be had for small wage earners?

What the public most needs is not cheaper medicine but better medicine.

What the doctors need is more accessible and more easily utilized opportunities for improving their means of diagnosis and familiarity with modern medical methods.

Wednesday Morning

9 A. M. to 12 M.

MEDICAL SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. Chairman's Address—SOME ASPECTS OF PERNICIOUS ANEMIA AND ITS TREATMENT.

SAMUEL H. HURWITZ,
San Francisco.

2. BLOOD STUDIES IN ANEMIAS.

WM. PALMER LUCAS,
San Francisco.

The result of some of the work now being carried on, studying the blood first, from the old standpoint of morphology; second, from the standpoint of bio-chemistry, and third, from the physico-chemical standpoint of volume and rate of flow; fourth, from the standpoint of coagulation.

Discussion opened by Nelson W. Janney,
Los Angeles.

3. EPIDEMIC ENCEPHALITIS.

HERBERT C. MOFFITT,
San Francisco.

Classification of personal cases from a clinical pathological viewpoint with special reference to our present knowledge of cerebral localization.

The occurrence of unusual, chronic re-

current and fruste forms. Lantern slides of pathological changes. Conclusions as to etiology, prognosis and treatment.

Discussion opened by Milton B. Lennon,
San Francisco.

4. THE INCIDENCE AND CLINICAL SIGNIFICANCE OF FLAGELLATE INFECTION IN CERTAIN CHRONIC DISEASES.

JOHN V. BARROW,
Los Angeles.

I. History and recent literature.

1. Discovery antedates that of the amoeba.

2. Opinion of present-day protozoan workers tends to place them in the same class.

3. Most text books are inaccurate, inadequate, and practically valueless in their consideration.

4. Résumé of authors and literature.

II. Present clinical consideration.

1. Comparatively small number of cases accurately reported and studied.

2. Toxaemia and not dysentery, the most characteristic symptom.

3. Difficulty and pitfalls in experimental work.

4. Clinical report of author's cases by groups:

(a) Reflex and recurrent gastro-intestinal group.

(b) Disturbed metabolism group (anaemia, arthritis).

(c) Neuro-toxic group (urticarial, epileptiform, melancholic symptoms).

5. Organisms found and their incidence in routine office work.

6. Treatment and prognosis.

Discussion opened by W. E. Musgrave,
San Francisco.

5. THE GREAT SECOND TYPE OF CHRONIC ARTHRITIS—FURTHER OBSERVATIONS.

LEONARD W. ELY,
San Francisco.

Recapitulation of previous work on the subject. Additional cases. Cause: This type of arthritis probably has but one exciting cause—infection in the alveolar processes of the jaws. Trauma is only effective as damaging an already distorted (deformed) joint. Pathology: The fundamental change appears to be an area of aseptic necrosis in the end of the bone near the cartilage.

Treatment.

Discussion opened by

Wednesday Noon

12 M. to 2:30 P. M.

LEAGUE LUNCHEON

Given under the auspices of League for the Conservation of Public Health.
(Papers will be announced later.)

Wednesday Afternoon

2:30 to 5:30 P. M.

MEDICAL SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. FURTHER STUDIES ON THE NATURE OF FEVER.

WILLIAM D. SANSUM,
Santa Barbara.

Discussion opened by Franklin R. Nuzum,
Santa Barbara.

Short review of the work presented in the enclosed reprint.

The production of fever in poikilothermic dogs by the intravenous administration of typhoid vaccine.

Typhoid vaccine was chosen because it simulates more closely than any other foreign protein the toxins of the usual fever-producing diseases.

2. METABOLISM STUDIES IN PULMONARY TUBERCULOSIS.

R. A. KOCHER,
San Diego.

Present status of feeding tuberculous patients. Aims, practice, results. Criticism of the method of indiscriminate high caloric feeding.

The present study is based on experiments with patients suffering from pulmonary tuberculosis, and in it is aimed:

1. To determine the minimum caloric requirements of T. B. patients, using basal metabolism estimations.
2. To determine the effect of various diets on respiratory rate.
3. To determine the effect of weight on respiratory rate.
4. To estimate the functional efficiency of the body by creatinine determinations.
5. Determination of the optimum diet.

The diet of patients with active T. B. should contain sufficient calories to cover the minimum local requirements, plus sufficient to cover the increased production when fever is present.

During this stage the amount of protein allowed should barely cover the minimum requirement, as it was shown that high protein feeding by the so-called specific dynamic action, increases metabolic rate, and hence the frequency and depth of respiration.

When the process has become arrested, the aim of the diet should be increased to enable the patient to gradually recover any lost weight up to his proper weight and no more. This should be checked by creatinine estimation on the urine to determine that the gain in weight is in active muscle mass and not a spurious gain in adipose tissue. A gain in superfluous fat merely adds to the metabolic rate—also respiratory rate without adding to the functional efficiency of the organism.

Discussion opened by Nelson W. Janney, Los Angeles.

3. THE TREATMENT OF TUBERCULOSIS WITH PARTIGENS (AFTER MUCH-DEYCKE).

MAX ROTHCHILD,
San Francisco

1. What are Partigens?
2. In what respects do they differ, regarding their effect, from the tuberculins which are on the market and in use today?
3. Scientific foundation for the justification of this method of treatment.
 - (a) Immunity in tuberculosis in general.
 - (b) Cellular and humoral immunity.
 - (c) Biological tests (in regard to the effect of partigens).
4. Demonstration of diapositives, showing cases treated with partigens.

Discussion opened by G. H. Evans, San Francisco.

4. PERSONAL EXPERIENCE WITH THE USE OF ARTIFICIAL PNEUMO-THORAX IN THE TREATMENT OF PULMONARY DISEASE.

ROBERT A. PEERS,
Colfax.

Reason for presenting this subject. Indications for treatment. Type of instrument used. Easy technic. Contra-indications and complications. Dosage. Case reports.

Discussion opened by Philip King Brown, San Francisco.

5. BIOLOGICAL FACTS ABOUT BENZYL-BENZOATE THERAPY.

L. A. EMGE,
San Francisco.

1. Brief review about the physiological and chemical facts reported up to date.
2. The action of benzyl-benzoate on the leukocyte and anti-infectious powers of the body based on personal experimental work in animals and on clinical observations.
3. Relation of benzyl-benzoate to allied chemical substance and the comparison between the effect on the blood picture in general.
4. Further biological experimental studies in regard to the fate of benzyl-benzoate in the body as judged from urine and blood chemistry.
5. Serological studies in regard to antibody formation as influenced by benzyl-benzoate.

Discussion opened by S. H. Hurwitz, San Francisco.

Thursday Morning

9 A. M. to 12 M.

MEDICAL SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. NORMAL VARIATIONS IN BASAL METABOLISM.

ALBERT H. ROWE,
Oakland.

1. Effect of Menstruation. Necessity of taking this into account in metabolic studies.
2. Effect of mental activity.
3. Normal metabolic curve of men.

Discussion opened by Lovell Langstroth, San Francisco.

2. DIAGNOSIS OF HYPOTHYROIDISM.

NELSON W. JANNEY,
Los Angeles.

Cretinism and myxoedema are among the most easily recognized of medical conditions but are met with quite infrequently in their typical expressions. Latent cases of hypothyroidism in children and adults may be extremely difficult to detect. This paper, therefore, includes a critical survey of the laboratory and clinical methods used in making such a diagnosis. A number of cases of masked hypothyroidism of the type of Hertoghe can only be certainly recognized with modern laboratory aids to diagnosis including the basal metabolism.

Discussion opened by

3. THE VALUE OF BASAL METABOLISM ESTIMATIONS IN CASES WITH LOWERED METABOLISM.

ROBERT B. HILL,
Los Angeles.

The study is based on an analysis of the findings in about sixty cases. Observations of the basal metabolism were made both before and after the administration of thyroid extract.

Discussion opened by R. S. Cummings, Los Angeles.

4. HYPOPHYSECTOMY AND ITS TREATMENT.

HANS LISSER,
San Francisco.

Description of various types of hypopituitarism, preadolescent and postadolescent of anterior and posterior lobes, such as Lorain-Levi type, Neurath-Cushing type and Froelich type; reference to Engelbach's classification; treatment with gland extracts. Illustrated by case histories and lantern slide pictures.

Discussion opened by Herbert C. Moffitt, San Francisco.

5. DERMATOSES IN EXOPHTHALMIC GOITRE.

F. F. GUNDRUM,
Sacramento.

Skin conditions occurring with goitre may be:

1. Concurrent.
2. Indirectly associated as the effect of some disturbance created by goitre.
3. Immediately dependent upon the goitrous condition.

Report of two skin rash cases, unusual, cured by partial thyroidectomy.

Discussion opened by D. E. Schoff, Sacramento.

Thursday Afternoon

2 o'clock

MEDICAL SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. PRETAXIC GASTRIC CRISIS.

E. C. FISHBAUGH,
Los Angeles.

1. Short review of literature.
2. Report of cases.
3. Summary of clinical and laboratory findings.
4. Conclusion.

Discussion opened by Walter W. Boardman, San Francisco.

2. DETERMINATION OF THE AMOUNT OF SECRETING TISSUE IN THE KIDNEY BY OBSERVATION OF ITS FUNCTION.

T. ADDIS,
San Francisco.

1. Present methods are qualitative, not quantitative.
2. Importance of strain if total functional capacity is to be measured or any deductions as to quantity of tissue drawn.
3. Method: Determinations of urea content of blood and urine after administration of urea.
4. Experimental and clinical evidence.

Illustrated with lantern slides.

Discussion opened by Walter C. Alvarez, San Francisco.

3. ETIOLOGY OF NEPHRITIS.

GEORGE E. EBRIGHT,
San Francisco.

Influence of previous infections. Diseases of the upper respiratory tracts. Comparison of the causes of acute and chronic nephritis. Aspect of nephritis as a general condition rather than primarily a disease of the kidneys. Picture of acute nephritis without urinary findings. Metabolic considerations.

Discussion opened by Dudley Fulton, Los Angeles.

4. CLINICAL USEFULNESS OF THE ORTHO-CARDIOGRAPH—A SIMPLE TECHNIC DEMONSTRATED.

HARRY SPIRO,
San Francisco.

1. In order to help make our laboratory findings agree with our clinical findings a simple method of producing ortho-cardiograms is offered.

2. The difficulty of visualizing a radiograph of your patient's chest while you are determining the cardiac outline is obviated by marking an ortho-cardiogram directly on your patient's skin, and then taking a permanent record from that. This record to be used as a pattern for future examinations and so enclosed with the history sheets.

3. It is maintained that once you correct your percussion outline by a suitable ortho-cardiogram you will in the future unconsciously eliminate all adventitious sounds and thus nearly always percuss the proper outline of your patient's heart.

4. An addition to our other standards of measurements is suggested in a "Family Type," as one heart may be normal as compared to standards for weight, etc., but distinctly out of contour or size compared to other members of one's family.

5. The apparent advantage of the ortho-cardiogram over other methods of X-ray examinations are briefly discussed.

6. Ortho-cardiograms, X-ray prints, etc., are shown.

Discussion opened by Alfred C. Reed, San Francisco.

5. FLUOROSCOPIC STUDIES OF THE HUMAN HEART, WITH SPECIAL REFERENCE TO IRREGULARITIES AND THEIR MECHANISM.

W. J. KERR and H. E. RUGGLES,
San Francisco.

Normal contractions; various types of irregularities, extra systoles, heart block and alternation of the pulse; illustrated with moving pictures.

Discussion opened by Dudley Fulton, Los Angeles.

Wednesday Morning

9 A. M. to 12 M.

SURGICAL SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. CHRONIC DILATATION OF THE DUODENUM.

HARLAN SHOEMAKER,
San Francisco.

History of case; type of operation and X-ray diagnosis.

Discussion opened by John F. Cowan, San Francisco.

2. TREATMENT OF GOITRE.

CARL L. HOAG,
San Francisco.

- a. Present tendencies in treatment.
- b. Necessity of clearly recognizing various types for rational treatment.
- c. Classification into types from clinical and therapeutic standpoints.
- d. The value of basal metabolic determinations in diagnosis and treatment.
- e. Differential diagnosis of the various types and the treatment indicated in each.
- f. Summary.

g. Lantern slides showing various types and important points in operative technic.

Illustrated with lantern slides.

Discussion opened by Clarence G. Toland, Los Angeles.

3. CHRONIC LESIONS OF THE LOWER LIP.

EDWIN I. BARTLETT,
San Francisco.

A consideration of the mortality and the reasons concerned therein; classification; differential diagnosis; treatment and conclusion.

Discussion opened by Howard Morrow, San Francisco.

4. A PRELIMINARY REPORT ON EXPERIMENTAL WORK IN OXYGEN TENSION DURING ANAESTHESIA.

MARY E. BOTSFORD,
San Francisco.

Findings of Medical Research Laboratory Air Service, Mineola, N. Y., that reduced oxygen produces definite circulatory responses.

Bearings on anaesthesia problems.

Influence of hemoglobin index on oxygen requirements.

Cyanosis not absolute guide—over compensatory mechanism supplying for oxygen lack without cyanosis.

Oxygen need modified by shock.

Possibility of definite regulation of oxygen percentage in nitrous oxide oxygen anaesthesia.

Conclusions from experimental work in Hooper Research Laboratory, University of California.

Discussion opened by Saxton T. Pope, San Francisco.

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SURGICAL SECTION

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1. SOME NOTES ON PLASTIC OPERATIONS.

LEO ELOESSER,
San Francisco.

The pedicled flap after the method of Esser. The semi-detached flap. The bridge flap. Tests for determining the viability of the flap. The gradual separation of flaps. The epithelial inlay, and a new operation for ektrypion founded on it. A plastic for the cure of contractures of the fingers. Transplantation of Stenon's duct for the relief of drooling.

Stereopticon.

Discussion to be opened by E. F. Tholen, Los Angeles.

2. PROBLEMS IN PLASTIC SURGERY.

GEO. W. PIERCE,
San Francisco.

1. Reconstruction of members.
2. Remedy of defects.
3. War injuries and their correction.
4. Cosmetic requirements to be met.
5. Special steps in technic.

Discussion to be opened by Wallace I. Terry, San Francisco.

3. PULMONARY TUBERCULOSIS WITH REPORT OF A CASE.

HERBERT A. JOHNSTON,
Anaheim, Calif.

Short history of operation and its relation to artificial pneumothorax. Type of case in which it is indicated. Hope offered by extrapleural rib resection to a class of

tuberculous patients otherwise doomed. Report of case which is apparently recovering as a result of operation by the method of Wilms.

Illustrated with lantern slides.

Discussion to be opened by George B. Kalb, Monrovia, Calif.

4. CONGENITAL PYLORIC STENOSIS.

ALANSON WEEKS,
San Francisco.

Is this condition being overlooked among the babies of California?

The diagnosis as a rule is simple.

Treatment: When to use thickened foods.

When to operate.

Discussion to be opened by R. Langley Porter, San Francisco.

Thursday Morning

9 A. M. to 12 M.

SURGICAL SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. CHRONIC TROCHANTERIC BURSTITIS.

JOSEPH K. SWINDT,
Pomona, Calif.

Trochanteric bursitis, a relatively rare and commonly overlooked hip lesion.

Anatomy of bursa; description of those about the hip joint.

Morbidity of bursae in general; relative incidence in the more important ones.

Etiology of trochanteric bursitis, especially as to the relation of traumatism and metastatic infection.

Pathologic anatomy, especially in regard to burrowing proclivity of inflamed or traumatized bursae; fusion with neighboring bursae; method of and tendency toward regeneration of the hygroma.

Symptoms of trochanteric bursitis; differential diagnosis from bursitides in associated bursae, coxitis and osteomyelitis.

Treatment, causes of failure; total ablation of the hygroma alone effective.

Case report, including description of incision, designed to preserve the integrity of muscles and tendons while affording access to all bursae about the trochanter major.

Discussion to be opened by John C. Wilson, Los Angeles, Calif.

2. SOME OBSERVATIONS IN CASES OF FRACTURED SKULLS. SEEN IN SAN FRANCISCO EMERGENCY HOSPITALS.

EDMUND BUTLER,
San Francisco.

1. Number of Cases.
2. Relation to Industry.
3. Relation to Alcohol.
4. Suggestions as to Examination; Interpretation of Findings and Treatment.

Discussion to be opened by Thomas G. Inman, San Francisco.

3. TRAUMA IN THE ETIOLOGY OF SARCOMA.

EMMET RIXFORD,
San Francisco.

No definite evidence that trauma is a cause of sarcoma. Percentage of suggested cases small. Report of case of sarcoma of femur following spiral fracture wired in open operation.

Discussion to be opened by Chas. LeRoy Lowman, Los Angeles.

4. FRACTURES OF THE PELVIS.

HAROLD BRUNN,
San Francisco.

1. Types and mechanics of pelvic fractures.
2. Symptomatology and diagnosis (exclu-

- sive of fracture producing visceral lesions).
3. Discussion of statistics compiled from cases in the files of the California Industrial Commission and other sources.
 4. Disabilities resulting from fracture of the pelvis. Their frequency, duration, symptoms usually associated.
 5. Causes which produce disabilities, such as improper treatment, overlooked diagnosis, etc.
 6. End results from the treatment of disabilities.
 7. Discussion of the prevalent method of treating pelvis fractures.
 8. Advantage of the sling method with or without traction. Simplicity, adaptability, comfort. Ease of nursing. Future disability minimized.
 9. Case reports.
 10. Conclusions.
- Demonstration of lantern slides and X-ray plates.
- Discussion to be opened by
5. **FRACTURE OF THE PATELLA WITH EXPERIMENTAL STUDY.**
JOHN F. COWAN,
San Francisco.
- Essential points discussed.
- a. Structure of the patella.
 - b. Study of repair following fracture.
 - c. Causes of refracture.
- Illustrated with lantern slides.
- Discussion to be opened by Harlan Shoemaker, Los Angeles.

Thursday Afternoon

2 o'clock

SURGICAL SECTION

- Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.
1. **PERIPHERAL NERVE SURGERY.**
CHARLES L. TRANTER,
San Francisco.
- The war experience has shown that direct end-to-end sutures are usually possible, and that two-stage operations are referable to the use of grafts. The late results of the war cases.
- Illustrated with lantern slides.
- Discussion to be opened by C. W. Rand, Los Angeles.
2. **TIC DOULOUREUX.**
HOWARD C. NAFFZIGER,
San Francisco.
- The selection of cases suitable for
- a. Neurectomies.
 - b. Injections.
 - c. The Gasserian operation.
- Methods of operative treatment.
Preservation of the motor root.
Results of section of the sensory root.
Report of cases.
- Discussion to be opened by C. W. Rand, Los Angeles.
3. **AMEBIC GALL BLADDER INFECTION, WITHOUT LIVER ABSCESS, WITH REPORT OF CASES.**
HERBERT GUNN,
San Francisco.
1. Relationship to incurable intestinal amebiasis.
 2. Determination of cases suitable for operation.
 3. Value of duodenal tube findings.
 4. Gall bladder findings at operation.
 5. Report of cases.
- Discussion to be opened by Alfred C. Reed, San Francisco.

4. AMEBIC ABSCESS OF LIVER WITH PULMONARY SEQUELAE.

REXWALD BROWN,

Santa Barbara.

Case report; history; physical and X-ray findings; operative findings—rupture through diaphragm bilateral amoebic abscess of lung; autopsy report; demonstration of amoebae in abscess walls.

Projection apparatus for microphotograph.

Discussion to be opened by Rea Smith, Los Angeles.

Wednesday Morning

9 A. M. to 12 M.

INDUSTRIAL MEDICINE SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. Address by Chairman—RECENT DEVELOPMENT IN INDUSTRIAL MEDICINE.

CHAS. A. DUKES,

Oakland, California.

2. RETURN TO WORK AFTER INJURY.

MORTON R. GIBBONS,

San Francisco.

Injured are not morally entitled to idleness.

On the other hand, every man has a right to work with whatever function remains to him and to receive pay for his efforts.

Work combined with treatment during recovery is necessary.

Facilities are required for making such work remunerative to the injured.

The parallel in war risk insurance and its lesson.

Need of propaganda to the end of establishing a public sentiment in this direction.

Discussion opened by Daniel Crosby, Oakland, Calif., and C. W. Decker, Los Angeles, Calif.

3. CLINICAL EXPERIENCE AS TO THE SEVERAL KINDS OF PHYSIOTHERAPY EMPLOYED IN RECONSTRUCTION WORK.

JAMES T. WATKINS,

San Francisco.

Antiquity of physiotherapy. Its widespread geographical distribution. Value as a therapeutic aid long recognized in Europe: Swedish gymnastics, Zanders, Kruckenberg, Hertz. Disrepute in this country because employed by faddists, charlatans and persons of defective medical education. The influence of the war. Lessons from the enemy. Clinical evidence of therapeutic value in selected war wounds abundant and satisfying. Scientific investigations as to what actually happens yet to be undertaken. Dangers physiotherapy has to encounter. Necessity for intimate co-operation between surgeon and physiotherapeutic aid. Discussion of the several kinds of physiotherapy employed in Industrial Rehabilitation.

Discussion opened by L. I. Newman, San Francisco.

4. THE RESTORATION OF FUNCTION IN ACQUIRED HAND DEFORMITIES.

A. GOTTLIEB,

San Francisco.

Paper by A. Gottlieb and L. I. Newman. Frequency of hand deformities in industry and the attendant economic loss.

Early preventive physiotherapy after injury to guard against permanent diminution of normal function.

Physical remedies in fully developed cases to restore function to the maximum before discharge of the injured individual as permanently disabled.

Opinion of the physiotherapist regarding the necessity of his treatment before final rating.

Statistical data demonstrating the relative amounts of function in a series of cases, and the economic value to the insurance carrier. Lantern slides of several cases treated by physiotherapy.

Discussion opened by Mark L. Emerson, Oakland, Calif.

5. **INSURANCE RATES A GUIDE TO HYGIENIC CONDITIONS SURROUNDING DIFFERENT OCCUPATIONS.**

MILBANK JOHNSON,
Los Angeles.

Briefly, the subject matter of this paper will be insurance rates based upon actual experience as a guide to hygienic working conditions surrounding the different occupations and suggestions as to how these conditions may be benefited so as to reduce the natural hazard connected with the several occupations thereby prolonging the lives of our workers and reducing the vast amount of time unnecessarily lost by the workers through unhygienic occupational conditions.

Discussion opened by Henry Walter Gibbons, San Francisco.

Wednesday Noon

12 M. to 2:30 P. M.

LEAGUE LUNCHEON

GIVEN UNDER THE AUSPICES OF LEAGUE FOR THE CONSERVATION OF PUBLIC HEALTH.

(Papers will be announced later)

Wednesday Afternoon

2:30 to 5 P. M.

INDUSTRIAL MEDICINE SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. **THE DEVELOPMENT OF A MODERN MEDICAL SERVICE FOR THE INDUSTRIAL INJURED AND SICK AT THE HAHNEMANN HOSPITAL OF THE UNIVERSITY OF CALIFORNIA.**

EDGAR L. GILCREEST,

Hahnemann Hospital, San Francisco.

The scientific care of the industrial injured is a problem worthy of the serious attention of a Hospital with an attending staff of specialists.

A trip to the large industrial centers of the east convinced me of the already great progress that has been made in the care of the industrial sick and injured.

The Hahnemann Hospital of the University of California is making the care of the industrial sick and injured problem.

Physio-therapeutic Department—Emphasis is laid upon the operation of trained attendants rather than upon the use of elaborate machine.

Occupational Therapeutic Department—Covers the function of bedside occupation and light occupation for the average con-

valescent; provides wholesome reading matter for the patient.

Curative Workshop—Where the convalescent is taught how to construct and make many articles which he thought himself incapable of doing.

Social Service Department—The general welfare of the sick man is looked after. Rooms are secured for him nearby when he is well enough to live outside.

Difficult conference cases receive prompt attention by the staff of specialists.

An "esprit de corps" is developed in the Hospital which satisfies the patient and which they appreciate as is manifested by their frequent visits after their discharge.

Discussion opened by R. Seldon Anthony, El Segundo, Calif.

2. **OCCUPATIONAL DISEASES OF THE SKIN AND HANDS IN CALIFORNIA INDUSTRY.**

R. P. LEGGE,
Berkeley, Calif.

"Packer's Itch," straw used and packing. Mode and cause of the dermatitis.

Identification of the Mite.

Prevention, method and treatment.

Peculiar infections of the hand found in the Dry Fig Industry.

Deep cellular involvement of the fingers.

Probable cause and treatment.

Discussion opened by Harry Alderson, San Francisco.

3. **THE SERVICE OF NEURO-PSYCHIATRY TO INDUSTRIAL MEDICINE.**

HAROLD W. WRIGHT,
San Francisco.

Analysis of causes of labor turnover. Economic and personal consequences. Mental causes of inefficiency, remediable and otherwise. Psycho-neurosis due to causes within and without the plant which might be remedied by adjustment of the individual. Services to be rendered by the neuro-psychiatrist. The detection of the unfit for any or some particular employment. The early detection of mental defect, psychoses and neurosyphilis. Psychotherapy of the disgruntled and agitators. Proper placement of those of special abilities or special handicaps. The bringing about of better understanding between foremen and subordinates in peculiar cases. Early attention and treatment of traumatic neurosis before it becomes fixed and incurable. Comparison of results of treatment of war neurosis and the handling of neurosis of industrial life. The general neglect of the mental factors and the psychosociological factors in industrial medicine unwarranted and to be deplored.

Discussion opened by Clifford W. Mack, Livermore Calif.

4. **FRACTURES OF THE FEMUR.**

C. E. EARLY,
Los Angeles.

Special attention to the treatment of fractures of the femur, as referable to industrial injuries, making a plea for a more standardized form of treatment.

Marked economic loss incurred by a fracture of the femur.

Treatment of fractures of the femur by traction, and suspension in the Thomas Splint. Fractures adequately treated by the Thomas Splint and those in which it is necessary to use plaster of Paris or some other form of splint in which more adequate abduction can be maintained.

Classification of fractures of the femur and fractures occurring in and about the trochan-

ters, those occurring in the shaft proper, and those occurring in the condylar region.

Short résumé of the recent literature upon new methods of treatment.

Discussion opened by George Rothganger and W. L. Bell, Oakland, Calif.

5. **SOCIAL WELFARE PROGRAM, INCLUDING HOUSING FOR FIELD EMPLOYEES.**

CHARLES BENNETT,
Los Angeles.

Discussion opened by Alvin Powell, Oakland, Calif.

An interesting exhibit of Physiotherapy apparatus is also being prepared with the approval of the office of the Surgeon General of the United States Army.

This exhibit is under the supervision of Major Roy E. Fox, M. C., U. S. A., of the Letterman Hospital, San Francisco.

Wednesday Morning

9 o'clock

EYE, EAR, NOSE AND THROAT SECTION

Discussion will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. **REMOVAL OF FOREIGN BODIES FROM THE ESOPHAGUS AND BRONCHI.**

HARRINGTON B. GRAHAM,
San Francisco.

Discussion of problems occurring in various cases undertaken since last report before the Society.

Discussion opened by

2. **DIAGNOSIS AND TREATMENT OF CONDITIONS IN FOOD AND AIR PASSAGES, BY ENDOSCOPY AND SUSPENSION LARYNGOSCOPY.**

E. C. SEWALL,
San Francisco.

Report of a case of spontaneous perforation of the arch of the aorta by a chicken bone in the esophagus, with demonstration of specimen.

Carcinoma of the esophagus, some unusual cases, application of radium, results.

Removal in suspension of multiple Papillomata from the larynx. Use of radium in two cases.

Papillomata of cord and cicatricial webs removed in suspension.

Discussion opened by

3. **THE DIFFERENTIATION OF EARLY MENINGITIS AND MASTOIDITIS.**

WILLIAM J. MELLINGER,
Santa Barbara.

I. Introduction.

1. The association of meningitis as a complication of mastoiditis is frequent.
2. The presence of meningitis and mastoiditis at the same time and independent of each other is infrequent.

II. Etiology of the two conditions when occurring at the same time and independent of each other.

III. Symptomatology.

A. Symptoms of meningitis not dependent on mastoiditis.

1. Deafness.
 - (a) Bilateral.
 - (b) Tuning-fork nerve.
2. Headache.
3. Lethargy.
4. Nausea and Vomiting.

B. Symptoms of mastoiditis.

1. Deafness.
 - (a) Unilateral.
 - (b) Tuning-fork.

2. Headache—localized.

C. Symptoms Common to Both.

1. Temperature.
2. Pain, etc.

IV. Differential Diagnosis.

A. Meningitis.

1. Symptomatology.
 2. X-Ray.
 3. Laboratory.
 - (a) Blood—White and Differential, and Culture.
 - (b) Spinal Fluid.
- ##### B. Mastoiditis.
1. Symptomatology.
 2. X-Ray.
 3. Laboratory.
 - (a) Blood—White and Differential, and Culture.
 - (b) Discharge.
 - (1) Bone debris.
 - (2) Bacteria.

V. Illustrative Clinical Example.

A patient having meningitis and mastoiditis with absolutely different etiological factors, as proven by extensive laboratory, X-Ray and autopsy study.

Discussion opened by

4. **PLASTIC SURGERY IN AND ABOUT THE EYELIDS.**

RAYMOND J. NUTTING,
Oakland.

1. Pedunculated flaps. Advantage over grafts in certain conditions.

2. Different types of grafts, method of preparation and cutting of same.

3. Open and closed dressings and after treatment.

4. Slides of cases before and after treatment, presented by Walter R. Parker, M. D., Prof. of Ophthalmology, University of Michigan.

Discussion opened by

5. **MOTAIS OPERATION FOR PTOSIS.**

RODERIC O'CONNOR,
San Francisco.

Description of Operation.

Report of seven cases.

Discussion opened by

Wednesday Noon

12 M. to 2:30 P. M.

LEAGUE LUNCHEON

GIVEN UNDER THE AUSPICES OF LEAGUE FOR THE CONSERVATION OF PUBLIC HEALTH.

(Papers will be announced later)

Wednesday Afternoon

2:30 o'clock

EYE, EAR, NOSE AND THROAT SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. **THE FUNCTIONS OF THE OTOLITHS OF THE VERTEBRATE EAR.**

S. S. MAXWELL,
Berkeley, Calif.

In the solution of a physiological problem the choice of a suitable animal for experiment is a matter of prime importance. Much of the work of the labyrinth has been done on animals in which the separation of the action of ampullae and otoliths is not possible. For this reason the entire subject is confused by the more or less general accept-

ance of a priori assumptions concerning differences of function of canals and otoliths.

The ears of fishes, especially Selachians, present the most favorable objects for study. A good beginning was made on this by Loeb, but the subject has been clouded rather than elucidated by most of the later workers.

A technique has been developed by the writer which has made possible the removal of either set of structures from the labyrinth with retention of function by the others. The experiments show that the old assumption of a division of functions between ampullae and otoliths so that the former are dynamic and the latter static organs is not supported by the facts. The experiments show in addition that the otolith of the utricle is capable of performing all the static and all the dynamic functions except that of response to rotation in a horizontal plane. The significance of the planes in which the otoliths lie and the differentiation of function reported by Kubo under Kreidl's auspices was the results of poor technique and unscientific methods.

A protest is made against the current form of speech which refers all equilibrium functions of the labyrinth to the "semicircular canals." The canals have probably no equilibrium functions; the ampullae share these functions with the otoliths.

Discussion opened by

2. CASE REPORTS OF LABYRINTHITIS.

ISAAC H. JONES,
Los Angeles.

Abstract of Paper: Mild middle ear involvement; violent internal ear symptoms; large postauricular abscess. Caloric test entirely negative, yet turning test demonstrated that there was no destruction of internal ear.

Discussion opened by

3. KERATOSIS OF THE CONJUNCTIVA.

HUGO A. KIEFER,
Los Angeles.

Discussion opened by

4. Title and Abstract to come later

C. B. WOOD,
Los Angeles.

Discussion opened by

Thursday Morning

9:00 o'clock

EYE, EAR, NOSE AND THROAT SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. DIFFERENT OPERATIVE PROCEDURES IN STRABISMUS—COMPARATIVE RESULTS.

W. S. FRANKLIN,
F. C. CORDES,
W. D. HORNER,
San Francisco.

Fifty cases analyzed. Use of Resection, Tucking and Muscle Clamps. Results variable.

Discussion opened by

2. AN ANATOMICAL STUDY OF EIGHT CASES OF DEGENERATION OF THE CORNEA.

C. A. MAGHY,
San Diego.

1. The refractile bodies seen under the oil immersion lens, their staining characteristics and physical properties.

2. Their position in relation to the various structures of the cornea.

3. The nature of the degeneration itself with the pathological conditions under which they are encountered.

Discussion opened by Hans Barkan, San Francisco.

3. SOME MANIFESTATIONS OF LUES IN THE NOSE.

GEORGE McCLURE,
Oakland.

Lues as it is ordinarily seen in the Nose.

Some unusual cases. Differential diagnosis between these Luetic conditions and Sinus infection.

Discussion opened by

4. ACUTE LYMPHATIC LEUKEMIA WITH SPECIAL REFERENCE TO THROAT CONDITIONS—REPORT OF A CASE.

H. D. NEWKIRK,
Anaheim, Calif.

Definition. Reported Cases. Etiology. Symptoms. Diagnosis.

Prognosis and Treatment.

Report of case emphasizing (1) necessity for laboratory work and (2) thorough examination before diagnosis is made in apparently simple cases.

Discussion opened by

Wednesday Morning

9:00 o'clock

UROLOGICAL SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. Chairman's Address—THE SPECIALIST AND HIS OBLIGATIONS, TO THE PROFESSION.

GEORGE G. REINLE,
Oakland.

2. STANDARDIZATION IN UROLOGY.

HERBERT C. ROSENKRANZ,
Los Angeles.

The essentials of a standard system. Demonstration of a system of history taking. Specimen of standardization. Treatment of acute uncomplicated urethritis gonorrhoea in the male.

Discussion opened by Granville MacGowan, Los Angeles.

3. STRICTURE OF THE FEMALE URETHRA.

WILLIAM E. STEVENS,
San Francisco.

Frequency of a condition which is often overlooked. The importance of gonorrhea as an etiological factor; site of the obstruction; marked symptoms often caused by their condition. Treatment.

Discussion opened by Robert V. Day, Los Angeles.

4. MANIFESTATIONS OF LESIONS OF THE POSTERIOR URETHRA—ILLUSTRATED BY WAX MODELS.

LOUIS C. JACOBS,
San Francisco.

Etiology; pathology; clinical course; treatment; case histories.

Discussion opened by William E. Stevens, San Francisco.

Wednesday Noon

12 M. to 2:30 P. M.

LEAGUE LUNCHEON

GIVEN UNDER THE AUSPICES OF LEAGUE
FOR THE CONSERVATION OF PUBLIC
HEALTH.

(Papers will be announced later)

Wednesday Afternoon

2:30 o'clock

UROLOGICAL SECTION

Discussions will be given at the close of
each morning and afternoon session rather
than following the reading of each paper.

1. **EXPERIENCES WITH SILVER-SALVAR-
SAN.**

VICTOR G. VECKI,
MILLARD OTTINGER,
San Francisco.

Report of various cases of syphilis treated
with intravenous injections of Silver-Salvar-
san; results showing remarkable influence
upon stubborn manifestations and the Was-
sermann reaction.

Discussion opened by William E. Stevens,
San Francisco.

2. **PROTEIN SHOCK REACTION IN EPI-
DIDYMITIS.**

W. P. WILLARD,
San Francisco.

Proteins used. Typhoid vaccine most
effective and easily obtained. Dose and
symptoms resulting from its use. The
rapid subsidence of pain and swelling in
the epididymis. Comparison with other forms
of treatment. Report of cases.

Discussion opened by

3. **PYURIA.**

LEON J. ROTH,
Los Angeles.

Some fallacies of routine examination.
Theory of pus cell count as an aid in diagnosis
and prognosis. Method of count. Conclu-
sions.

Discussion opened by George W. Hart-
man, San Francisco.

4. **NEPHRECTOMY IN HUNCHBACKS;
WITH REPORT OF TWO CASES.**

CHAS. D. LOCKWOOD,
Pasadena.

Difficulties attending operations in this
class of patients. The ordinary technique is
impossible. Grave difficulties attend abdom-
inal route, owing to the deepening of the
antero-posterior diameter of the abdominal
cavity and the shortening of the longitudinal
diameter.

Technique: Rectus incision through the
lateral abdominal wall. Powerful retraction
of the ribs by broad retractors. Ligation
of ureter. Dislocation of kidney inward to-
ward the median line. Clamping of the renal
vessels. Difficulties of ligation. Retro-
peritoneal drainage.

Case I. Tuberculosis of the left kidney in
an adult with healed Potts dis-
ease.

Case II. Papilloma of the kidney pelvis in
a man of 79, with profuse hemor-
rhage. Congenital deformity of
the spinal column.

Discussion opened by

Thursday Morning

9:00 o'clock

UROLOGICAL SECTION

Discussions will be given at the close of
each morning and afternoon session rather
than following the reading of each paper.

1. **PERINEAL PROSTATECTOMY WITH
REFERENCE PARTICULARLY TO MODI-
FICATION OF YOUNG'S METHOD OF
ENUCLEATION WHEREBY THE GLAND
CAN BE REMOVED COMPLETELY AS
IN SUPRAPUBIC OPERATION.**

FRANK HINMAN,
San Francisco.

Review of cases with exhibition of lantern
slides and drawings and demonstration.

Discussion opened by Granville Mac-
Gowan.

2. **TYPES OF CASES SHOWING CURIOUS
DEFORMITIES ALONG THE URINARY
TRACT—ILLUSTRATED BY LANTERN
SLIDES.**

MARTIN MOLONY,
San Francisco.

- I. Two types of vesical diverticula.
 - (a) (True) congenital diverticulum.
 - (b) (False) acquired diverticulum.
 - (c) A case of congenital diverticulum
showing the pathology of how a di-
verticula can destroy both kidneys.
- II. A case of congenital deformity of both
kidneys and bladder in the same patient
complicated with hydronephrosis of both
ureters and atony of both ureters.
- III. A type of stricture of the ureter with
calculus hydronephrosis complicated with
bilharzia infection, resulting papilloma of
the ureters.
 - (a) Key picture of the above showing
author's method of treating stricture
of the ureter and the results four years
later.

- IV. Congenital diverticulum of the posterior
urethra; large enough to take a No. 26 F
urethroscope giving a clear view into the
wide open seminal vesicles; showing the
interior trabeculation and a polypoid
growth.

Note: These types of cases which include
well marked deformities of the kid-
neys; the ureters; the bladder, and the
urethra were demonstrated during life.
These cases bring out the value of
pathology in the living in contrast to
that of the dead.

Discussion opened by

3. **THE USE OF THE D'ARSONVAL
METHOD OF COAGULATION NECROSIS
FOR THE REMOVAL OF IMMENSE IN-
TRAVESICAL OUTGROWTHS OF THE
PROSTATE, SIMPLE OR MALIGNANT.**

GRANVILLE MacGOWAN,
Los Angeles.

There is a certain type of tumor of the
prostate in which the growth is mainly
intravesical, and may occupy a very large
part or the entire vesical cavity. These
tumors are commonly very difficult to enu-
cleate. The dangers attending enucleation
are great on account of the numerous vas-
cular sinuses which course over the mucosa
and which ramify through the tumor por-
tion, leading to extreme hemorrhage in these
cases.

The difficulties of stilling these hemor-
rhages by the ordinary methods of pressure,
through packs, Hagner bags, or by stitches

introduced into the bladder neck. The advantages of having the blood vessels' supply largely cut off by coagulation necrosis before nucleation is attempted. The applicability and advantage of such treatment in case of malignancy, suspected or certain, of these growths.

Report of two interesting cases.

Discussion opened by Robt. V. Day, Los Angeles.

4. **100 CONSECUTIVE PERINEAL PROSTATECTOMIES; ILLUSTRATED BY MOTION PICTURES.**

A. B. CECIL,
Los Angeles.

Discussion of types of prostatectomies. Introduction of Young's perineal prostatectomy. Difference in technique between Young's perineal prostatectomy and median perineal prostatectomy. Critical review of 100 cases, with special reference to operability rate and mortality rate.

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

Thursday Afternoon
2 o'clock

UROLOGICAL SECTION

Discussions will be given at the close, etc., etc.

1. **BLADDER DIVERTICULA.**

ROBERT V. DAY,
Los Angeles.

- (a) Associated Pathology:
 1. Condition of bladder neck.
 2. Degree of infection.
 3. Facility of drainage.
 4. Presence of calculus.
 5. Presence and degree of kidney infection.
- (b) Management of Cases:
 1. Diagnosis.
 2. Prognosis.
 3. Treatment.

Discussion opened by George W. Hartman, San Francisco.

2. **URETERAL DIVERTICULUM.**

NATHAN G. HALE,
CHAS. E. VONGELDERN,
Sacramento.

1. Embryological aspects of diverticuli.
2. Report of case—history, operation, pathological report, and observation of patient.
3. Literature relating to the subject.

Discussion opened by Lewis Michelson, San Francisco.

3. **REMARKS BY THE SECRETARY.**

GEORGE W. HARTMAN,
San Francisco.

4. **ELECTION OF OFFICERS OF THE SECTION.**

5. **MEETING OF THE WESTERN BRANCH OF THE AMERICAN UROLOGICAL ASSOCIATION.**

Wednesday Morning

9:00 A. M. to 12 M.

NEUROLOGICAL SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. **Chairman's Address: THE PSYCHOPATHOLOGY OF SOMATIC DISEASE.**

CHAS. LEWIS ALLEN,
Los Angeles.

The human organism is a whole in which mental manifestations are correlated with physical processes, though as to their exact relations we know little or nothing. A voluminous literature is devoted to those cases in which the mental reactions are manifestly on the pathological side of a very broad and ill-defined boundary, the so-called insanities, but about the less-striking variations which occur in ordinary physical diseases, comparatively little has been written.

Some observations upon the minor pathological variations noted in the medical and surgical material of a large general hospital.

2. **POST-TRAUMATIC NEUROSES; THEIR MECHANISM.**

JOSEPH CATTON,
San Francisco.

A study of the so-called Post-traumatic Neuroses from the viewpoint of an examination of their basic mechanism. A weighing of psychogenesis and organic nervous disease as factors. A consideration of the light thrown on the mechanism by etiological factors, pathology and effect of various forms of handling.

Discussion opened by Howard F. Naffziger, San Francisco.

3. **HYPOTENSION ANXIETY NEUROSIS.**

WALTER F. SCHALLER,
San Francisco.

Routine blood pressure estimation in neurological cases has revealed a frequent association between low blood pressure and the anxiety states. Consideration of etiological factors with particular reference to dysendocrinism. Results of glandular treatment. Outline of future investigations.

Discussion opened by

4. **OBSERVATIONS ON CONSTITUTIONAL INADEQUATE PERSONALITY WITH SPECIAL REFERENCE TO ITS INFLUENCE ON BOTH DIAGNOSIS AND TREATMENT.**

J. ROSS MOORE,
Los Angeles.

1. Definition of the condition called "Constitutional Inadequate State."
 - (a) Mental.
 - (b) Moral.
 - (c) Physical.

2. A consideration of various symptoms which may be due to a constitutional state, and which, are therefore, ineradicable.

3. Citation of cases in which constitutional inadequacy appears.

4. Consideration of the therapy indicated in cases where constitutional inadequacy is a pronounced factor.

Discussion opened by

5. **THE IMPORTANCE OF THE VEGETATIVE SYSTEMS, NERVOUS AND ENDOCRINE, TO CLINICAL MEDICINE.**

F. M. POTTENGER,
Monrovia, Calif.

Symptoms, both subjective and objective, are due to disturbed physiologic function. Function depends upon chemical (endocrine) or nerve control. Symptoms depend on disturbed endocrine or nerve action. The disturbing impulse may be either physical or psychical in origin. The study of the patient and his physiological reactions, both normal and pathological, is one of the most urgent needs of present-day medicine. The relationship of neurology and psychiatry to general medicine.

Discussion opened by

Wednesday Noon

12 M. to 2:30 P. M.

LEAGUE LUNCHEON

Given under the auspices of League for the Conservation of Public Health.
(Papers will be announced later)

Thursday Morning

9:00 A. M. to 12 M.

NEUROLOGICAL SECTION

Discussions will be given at the close of each morning and afternoon session rather than following the reading of each paper.

1. **FURTHER OBSERVATIONS ON EPILEPSY.**

MILTON B. LENNON,
San Francisco.

Factors in etiology of the symptoms of complex epilepsy; the relation between the number of fits and mental defect; the necessity of proper optimism on the part of the physician who treats epilepsy.

Discussion opened by

2. **COMBINED SYSTEM DISEASE (A CLINICAL AND PATHOLOGICAL STUDY OF FUNICULAR MYELITIS WITH A REPORT OF FIVE CASES WITH AUTOPSIES).**

G. Y. RUSK,
RICHARD W. HARVEY,
E. S. Du BRAY,
San Francisco.

- I. The historical growth of our knowledge of the subject.
- II. Etiological consideration, with a brief discussion of the role played by the various noxae and associated conditions.
- III. Pathogenesis with special reference to the neuropathology.
- IV. Case reports with autopsy protocols.
- V. The clinical picture with a discussion of the three chief types.
- VI. Differential diagnosis.
- VII. Summary with a plea for a wider recognition of this disease.

Illustrated by slides, charts, photographs and pathological material.

Discussion opened by

3. **MENINGITIC EPILEPSY, DIAGNOSIS AND RADICAL CURE.**

CECIL E. REYNOLDS,
Los Angeles.

Discussion opened by

4. **NEUROLOGICAL SYMPTOMS IN ONE THOUSAND GROUP STUDY CASES.**

THOMAS G. INMAN,
San Francisco.

Differences between "Group Study" and "Group Practice" defined. Types of cases examined. Neurological symptoms in the light of the complete examination. The question of multiple factors in the causation of neurological symptoms. Disturbances in function of the nervous system as first evidences of somatic pathology.

Discussion opened by

5. **TICS AND THEIR TREATMENT.**

THOMAS C. LITTLE,
San Diego.

Brief historical résumé, etiological foundation, the intelligence and general mental condition of the subject, course with its variations, final termination based upon the subject's constitutional state.

Discussion opened by

Book Reviews

Eye, Ear, Nose and Throat. Edited by C. L. Mix. Vol. 3 of Practical Medicine Series for 1920. Chicago: Yearbook Publishers. 1920.

Eye. Examination of eye. Hygiene of eye. Eyelids. Conjunctiva. Lachrymal sac. Sclera and cornea. Uveal tract. Vitreous humor. Crystalline lens. Retina and optic nerve. Ocular muscles. Toxic amblyopia. Glaucoma. Tumors of eye. Eye symptoms in general disease. Ocular injuries. Military ophthalmology. Ophthalmis therapeutics. Ophthalmic instruments. Comparative ophthalmology.

Ear. Relation of otology and general medicine. Hearing and deafness. Middle ear. Sinuses. Internal ear. Miscellaneous ear conditions.

Nose and Throat. General considerations. Diseases of nose. Accessory sinuses. Ozena. Hay-fever. Esophagus and bronchi. Tonsils and adenoids. Larynx and trachea. Speech defects.

Massage and Exercise Combined. By Albrecht Jensen. 93 pp. Illustrated. New York. 1920.

That massage and exercises have beneficial results upon the healthy as well as upon certain diseased individuals is an axiom which requires no proof.

The "combined massage exercises," described in this book, are no exception to this rule. The book describes in detail and with many illustrations a series of exercises and massage combined, which when executed with proper deep breathing will hasten metabolism, increase circulation and favor elimination. This benefit lies in making the person who does them bring into action his joints, muscles and respiratory organs and in making him concentrate his attention on them. The supplement on the use of these exercises in disease is incomplete and unauthoritative. A. G.

Materia Medica For Nurses. By A. L. Muirhead. 183 pages. Illustrated. St. Louis: C. V. Mosby Company. 1919. Price, \$1.50.

This book impresses one favorably as a compendium, but not as a textbook—it is rather too superficial for that. It is a book for the graduate rather than for the nurse in training. It is an aid to memory rather than a guide to knowledge. To the graduate, however, it should prove invaluable for it describes drugs, actions, and does in a few words, makes the preparation of solutions very simple, reduces the various systems, weights and measures to their most simple forms and gives a great deal of useful information. The subject matter seems too condensed for the nurse in training who is expected to know a great deal more about the drugs she uses than she will find in the pages of this little book. M. A. C.

Pediatrics and Orthopedic Surgery. Edited by C. L. Mix. Vol. 4 of Practical Medicine Series for 1920. Chicago: Yearbook Publishers. 1920.

Pediatrics. The newborn. Infant feeding. Child welfare. Nutritional disturbances. Gastro-intestinal diseases. Rickets and scurvy. Tetany. Acute infectious diseases. Respiratory diseases. Heart diseases. Diseases of nervous system. Diseases of urinary organs. Diseases of ductless glands. Diseases of skin. The blood. Tuberculosis. Syphilis. Miscellaneous conditions.

Orthopedic Surgery. General conditions. Injuries and diseases of the spine. Upper extremity. Lower extremity. Bone surgery. Joints. Nerve injuries.

General Surgery. Edited by A. J. Oeschner. Vol. 2 of Practical Medicine Series for 1920. Chicago: Yearbook Publishers. 1920.

Anesthetics and analgesics. X-Ray-Radiotherapy. New Instruments. Asepsis and antiseptics. Infected